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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

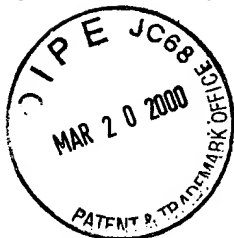
Inventor : FUMIKO SEMBA, ET AL.

Serial No : 09/465,708

Filed : DECEMBER 17, 1999

Title : EXCHANGE AND COMPUTER READABLE MEDIUM STORING
CONTROL PROGRAM

Group Art Unit : 2748



March 14, 2000

Attn: Customer Corrections Division
Assistant Commissioner for Patents
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

We received the filing receipt on the above-referenced case, copy enclosed,
wherein **THE FOREIGN APPLICATION IDENTIFICATION WAS OMITTED**,
please change the same to read as follows: **JAPAN 10-361597 12/18/1998**.

Any fee, due as a result of this paper, not fully covered by an enclosed check, may
be charged on Deposit Account No. 08-1634.

Respectfully submitted,

Samson Helfgott
Reg. No. 23,072

Helfgott & Karas, P.C.
60th Floor
Empire State Building
New York, New York 10118
Tel. (212) 643-5000
Docket No.: 16..863
SH:ckh:FILREC

I HEREBY CERTIFY THAT THIS CORRESPONDENCE
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20231 ON THE DATE INDICATED BELOW.

BY: Chandrasekaran
DATE: March 14, 2000

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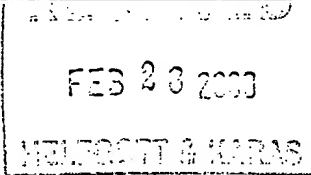
FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/465,708	12/17/99	2748	\$760.00	FUJI-16.863	13	9	2

HELFGOTT & KARAS P C
EMPIRE STATE BUILDING
60TH FLOOR
NEW YORK NY 10118



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) FUMIKO SEMBA, TOKYO, JAPAN; TAKESHI UEHARA, TOKYO, JAPAN; YOSHINORI YAMAKI, MIYAGI, JAPAN; YOSHINORI TAKAHASHI, MIYAGI, JAPAN.

Foreign Application: Japan 10-361597 12/18/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/00

TITLE

EXCHANGE AND COMPUTER READABLE MEDIUM STORING EXCHANGE CONTROL PROGRAM

PRELIMINARY CLASS: 379

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DATA ENTRY BY: JONES, ANN

TEAM: 06 DATE: 02/01/00

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(See reverse for new important information)

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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/465,708	FILING DATE 12/17/1999 RULE -	CLASS 379	GROUP ART UNIT 2748 <i>1642</i>	ATTORNEY DOCKET NO. FUJI-16.863
APPLICANTS FUMIKO SEMBA, TOKYO, JAPAN; TAKESHI UEHARA, TOKYO, JAPAN; YOSHINORI YAMAKI, MIYAGI, JAPAN; YOSHINORI TAKAHASHI, MIYAGI, JAPAN;				
** CONTINUING DATA ***** <i>None R.S</i>				
** FOREIGN APPLICATIONS ***** JAPAN 10-361597 12/18/1998 <i>yes R.S</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** 02/01/2000				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>[Signature]</i> Initials		STATE OR COUNTRY JAPAN	SHEETS DRAWING 13	TOTAL CLAIMS 9
		INDEPENDENT CLAIMS 2		
ADDRESS HELFGOTT & KARAS P C EMPIRE STATE BUILDING 60TH FLOOR NEW YORK, NY 10118				
TITLE EXCHANGE AND COMPUTER READABLE MEDIUM STORING EXCHANGE CONTROL PROGRAM				
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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